to

F-12 (2003)	•				0585: Approval E
FORM F-12 (7-31-2003)	In correspond Census File N	lence pertaining to lumber above your a	this report, please Iddress.	e refer to the	
U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU					
2003 ANNUAL SURVEY OF STATE ADMINISTERED PUBLIC-EMPLOYEE RETIREMENT SYSTEMS					
U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001					
Data supplied by					
Name					
Title					
Telephone					
Area code Number		(Please corr	ect any error in name	, address, and ZIP Co	ode)
	BEG	REV	•	EXP	END
CENSUS USE ONLY	REP	DIFF		V98	
	REP	DIFF		V98	
	'	IMPORT	ANT		
Please provide data for indicate the ending date the fiscal year calle	your fiscal year to of your government for by this in	nat ended between July ent's fiscal year (12-moi estruction even thou	1, 2002 and June 30, onth accounting period igh a more recent	, 2003. Mark (X) in the) and report data for the one may be availa	e appropriate box his period only. U able.
		2002	2003		
	July	October	January	April	
	☐ August		February	☐May	
	September	December	March	June	

This form has been approved by the Office of Management and Budget (OMB) and has been given the number 0607-0585. Please note that we have displayed this number in the upper right hand corner of this form. Display of this number confirms that we have approval from OMB to conduct this survey. If this number were not displayed, we could not request your participation in this survey

Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of the population served, and the extent and complexity of their financial accounts. We estimate public reporting burden for this collection of information to vary from 1.5 to 8.0 hours per response, with an average of 2.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0585, U.S Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, DC 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0585" as the subject.

BASIC INSTRUCTIONS AND SUGGESTIONS

Before filling out this form, please read carefully each part and all related definitions and instructions. Note especially:

- Please report figures for your system's fiscal year that ended between July 1, 2002 and June 30, 2003, and indicate the closing date of the reported fiscal year in the space provided
- 2. Report figures relating to all accounts and reserves of your system, including amounts for retirement, disability, survivors, and other benefits, as well as any amounts for administration of the system. Report in whole dollars. Exclude transfers between reserves of the system, and also any investment transactions relating to loans to system members
- **3. Please complete all parts of the form.** If some items do not apply to your system, do not merely leave them blank, but enter "None" or a dash in the reporting space provided.
- **4.** Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.
- 5. If you have any questions, please call 1–(888)–529–1963.

SPECIAL NOTE CONCERNING VALUATION OF ASSETS

To the extent possible, respondents should adhere to the reporting guidelines called for by the Governmental Accounting Standards Board (GASB) when completing this questionnaire.

Please report corporate stocks and bonds at market value, and adhere to GASB standards when reporting gains and losses on investments.

This method of reporting is intended to simplify and ease the burden of reporting by requesting information in a format more in line with current standards being used by most system administrators. The Office of Management and Budget approved the change effective for the 2002 Census of Governments.

Pa	rt I	FINANCES			
	ltem				nts
A. RECEIPTS DURING FISCAL YEAR — Exclude amounts received from sale of investments and from repayment of loans made to members.				XØ2	
1.		 mployee contributions — Total amounts contributed by all member employees or withheld from their salaries r financing of benefits. 	;		
a. State employees — From employees of the State government, including employees of State colleges and other State institutions and agencies.				\$.00
	b.	Local employees — From employees of the counties, cities, local public schools, and other local government agencies.		XØ1	.00
2.	go	overnment contributions - Total amounts received from state and local overnments for financial support of your system, including any taxes credited			
		rectly to the system. State contributions – From State government, including State colleges and	ts		
		other State institutions and agencies (1) State contributions for State employees \$.00		
		V87 (2) State contributions for local employees	.00		
		(3) Total State contributions — Sum of items a(1) and a(2)	>	XØ6	.00
	h.	Local governments – From counties, cities, local public schools, and other local government agencies		XØ5	.00
3.	. Ea	arnings on investments — Interest, dividends, rents, and other earnings on vestments. Exclude any recorded profits on investment transactions and report at 4b elow. Also exclude any recorded losses on investment transactions and report at	ts		
	se	ection B, line 3c.	.00		
		Z71			
		Z72	.00		
	C.	Z73	.00		
	d.	Other earnings on investments	.00	XØ8	
_		Total earnings on investments — Sum of items 3a through 3d ———————————————————————————————————	->	Z97	.00
-		Any amounts for transmittal to Federal Social Security system		Z96	.00
	b.	Gains on investments			.00
	C.	Other — Private gifts or donations, and the like — Specify		Z95	
	A 3.68			V44	.00
lo	ans	MENTS DURING FISCAL YEAR — Exclude amounts paid out for purchase of investments and for smade to members. enefits paid — Retirement, disability, survivors, and other benefits	or	X11	.00
	_	Fithdrawals — Amounts paid to employees or former employees or their survivors, representing return of		X12	.00
	CO	ther payments — Administrative expenses and other costs or payments not representing benefit payments		Z93	.00
	or	withdrawals.			
	a.	Administration — Include investment fees		Z92 I	.00
	b.	Any amounts paid to Federal Social Security system		Z91	.00
	c.	Losses on investments		[291	.00
	d. Other — Specify			Z9Ø	
c. c	ASF	H AND INVESTMENTS AT END OF FISCAL YEAR Amount — Omit cel	nts		.00
1.	. Ca	ash and short-term investments Z88			
	a.	Cash on hand and demand deposits \$ Z87	.00		
		Time or savings deposits — Include certificates of deposit	.00		
	C.	All other short-term investments, including securities in repurchase agreements, commercial and finance company paper and bankers acceptances, and miscellaneous money market funds.	.00		
				X21	
_		Total cash and short-term investments — Sum of items 1a through 1c	→		.00
2.		Amount — Omit cel Federal securities — Obligations of U.S. Treasury (including short-term notes)	าเร		
		and Federal Financing Bank \$ X33	.00		
	b.	Federal agency securities — Bonds and mortgage-backed securities (where applicable) issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA. Report directly held mortgages at item 5.	.00		
	C.	Total Federal Government securities — Sum of items 2a and 2b	—	X3Ø	.00

Part I FINANCES — Con	tinued				
	Amount — Omit ce	ents			
3. Corporate bonds				 	
a. Federally-sponsored agency securities (where applicable) iss banks, and SLMA.	curities — Bonds and mortgage-backed sued by FHLB, FHLMC, FNMA, Farm credit	Amount — <i>Omit cents</i> Z62 \$.00 Z63		 	
b. Other corporate bonds — <i>Included equipment certificates</i> .	de debentures, convertible bonds, and railroad	.00		i 	
c. Corporate bonds — Sum of	f items 3a and 3b		Z 77	.00	
			Z78		
- 	mmon and preferred stocks, and warrants. clude mortgage-backed securities, to be reported at 2b.	Sa or Sh: also	X42	.00	
exclude directly held real property, t	to be reported at item 7a.	<i>Oa, Or Ob, also</i>		.00	
a. Investments held in trust by othe private agencies, guaranteed in governmental investment account.	er agencies — Include funds administered by vestment accounts, and your share of funds in nts.	Amount — <i>Omit cents</i> Z84 \$.00		 	
b. Securities of State and local gov	vernments	X35 .00		 	
c. Foreign and international securit	ties	Z7Ø .00		 - -	
d. Other — Include shares held in direct loans, loans to members,	mutual funds, conditional sales contracts, etc. — Specify	Z83		 	
		.00	V44	 	
e. Total other securities — S	um of items 6a through 6d ———————————————————————————————————		X44	.00	
7. Other investments		Amount — <i>Omit cents</i>			
a. Real property — Report only dir	rectly held property; report property held in	X46		 	
	or partnership agreements at 7b. I, partnerships, real estate investment trusts, and	\$ 1.00 X47		i I	
leveraged buy outs — Specify				i I	
		.00		 	
		100	Z82		
c. Total other investments —	- Sum of items 7a through 7b	<u> </u>		.00	
			Z81		
	MENTS — Sum of items C1 through C7	<u> </u>		.00	
Please report the figures requested below, as of the last month of your fiscal year reported on page 1, or the month nearest to that permitted by your records. If detailed figures are lacking for an item, please enter an estimate and mark it with an asterisk (*).					
	Number	Amount paid during month <i>Omit cents</i>			
MEMBERS OF VOID DETIDEMEN	NT SYSTEM — Exclude beneficiaries.	(a) Z76	(b)	I	
	utors in contributory systems, or employees			 	
a. Employed by your State governr	ment (including State institutions and agencies)	Z 75	-	 	
b. Employed by local governments	(including local agencies)			 	
		ZØ1		 	
c. Total active members — S	Sum of items 1a through 1b	Z Ø2		 	
extended leave without pay, but have	byees and employees on military or other ving retained retirement credits. Report members who are receiving retirement			 	
	RIODIC BENEFIT PAYMENTS DURING MONTH	ZØ3	ZØ8		
Former active members of sv.	stem, retired on account of age or service		\$.00	
	, , , , , , , , , , , , , , , , , , , ,	ZØ4	ZØ9		
2. Former active members of sy	stem, retired on account of disability			.00	

3. Survivors of deceased former active members — *In column (a), report number of payees.*

ZØ5

Z1Ø

.00

Part II MEMBERSHIP AND BENEFICIARIES - Continued					
Please report the figures requested below, as of the last month of your fiscal year reported on page 1, or the month nearest to that permitted by your records. If detailed figures are lacking for an item, please enter an estimate and mark it with an asterisk (*).					
Item		Number (a)	Amount paid during month Omit cents		
C. RECIPIENTS OF LUMP-SUM PAYMENTS DURI	NG MONTH REPORTED	ZØ6	Z11		
Withdrawals and other one-time payments made to present or former members of sys	tem	ZØ7	Z12		
Lump-sum (nonrecurrent) payments made deceased former active members	to survivors of	201	.00		
		Month	Year		
D. ENTER HERE THE MONTH AND YEAR TO WHI PART II APPLY	CH FIGURES REPORTED IN				
E. PLEASE INDICATE HERE THE FREQUENCY WITH WHICH PERIODIC PAYMENTS ARE MADE TO BENEFICIARIES OF YOUR SYSTEM — Mark (X) one					
F. COVERAGE UNDER OASDHI (SOCIAL					
SECURITY) — Please indicate whether any of the active members (current contributors) you have reported at A1 above, were also covered under the Federal Old Age, Survivors, Disability, and Health Insurance program, in connection with their governmental employment.	All active members also covered None of the active members covered Some, but not all, active member How many of your active members	ered by OASDHI rs also covered by OASDHI pers (current contributors			
during the month reported in A1 covered under OASDHI? If exact available, please make an estim in "Remarks"		nct figures are not mate and note this	Number Z74		
Remarks	<u> </u>				
Remarks					

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